



STATE OF TENNESSEE ♦ TREASURY DEPARTMENT

Unclaimed Property Division

P.O. Box 198649 ♦ Nashville, Tennessee 37219-8649 ♦ (615) 253-5362

UCP.holders@state.tn.us ♦ www.treasury.state.tn.us/unclaim

I. COVER LETTER

VERIFICATION & AFFIDAVIT OF ITEMS FOR YEAR ENDED DECEMBER 31, 20____

A. Holder # _____ Report # (required if E-mail, ACH or Wire) _____

Indicate Changes to Name or Address Below

Name _____

Type name and address or use pre-printed form.

Address _____

E-Mail _____ State of Incorporation _____

Fed Tax ID # _____ Date of Incorporation _____

Name of contact person or department designated to respond to unclaimed property inquiries:

Name _____

Telephone _____

E-mail _____

B. Type of company (see Reporting Instructions for list): _____

C. Type of report: ☐ Annual ☐ Negative (No property to report.)D. Method of reporting: ☐ Diskette or CD ☐ E-Mail ☐ Paper

E. Total properties reported: _____

F. Cash Property: \$ _____ Penalty failure to report by May 1: \$ _____ Penalty failure to remit by May 1: \$ _____

G. Total cash remitted (make check payable to "Treasurer State of Tennessee"): \$ _____

H. Payment method: ☐ Check ☐ ACH ☐ Wire Check, Wire or ACH # _____ DFI # _____

I. Delivery and registration of shares remitted: (see instructions)

J. Total number of DTC book entry shares remitted: _____

K. Total number of physical securities remitted: _____

L. Total number of mutual fund shares remitted: _____

M. Total number of shares transferred: _____

N. Enclose confirmation of delivery of shares and mutual fund statements.

O. Indicate if you have safe deposit box contents to report: ☐ No ☐ Yes (see instructions)

P. VERIFICATION AND AFFIDAVIT: The undersigned, _____, declares, under penalty of perjury, that, to the best of (his/her) knowledge, the foregoing report and supporting records, contain a full, true and complete report of unclaimed property now in the possession or under the control of the holder, which is presumed abandoned in accordance with the provisions of Tennessee Code Annotated, Sections 66-29-101 through 66-29-153. **I have attempted to contact property owners at their last known address by first-class mail not more than one hundred twenty days and no less than sixty days prior to the filing date of the report. I am duly authorized to attest to this.**

Date _____

Signature of Chief Financial Officer (TCA 66-29-113(f)(g)) _____

State of _____

Title _____

Telephone Number _____

City/County _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____

SEAL (required)

Notarized Signature Required

*If additional pages are needed,
please print each completed
page before resetting form.*

STATE OF TENNESSEE
TREASURY DEPARTMENT

REPORT DATE _____

FOR YEAR ENDED _____

**II. ANNUAL REPORT
OF UNCLAIMED PROPERTY**

FEDERAL EMPLOYER

ID NUMBER _____

HOLDER NAME _____

HOLDER NUMBER _____

Owner's Last Name, First Name, Middle Name, Title Owner's Last Known Street Address, City, State, Zip (1)	Relationship Between Owners (If Applicable) (2)	SSN/FEIN (3)	Property Type (4)	Cash Amount Remitted (5)	Interest Rate (6)	Security Name or Name of Mutual Fund (7)	Security Cusip Number (8)	Number of Shares Remitted (9)	Date of Last Activity and Additional Information (i.e., DOB) (10)
(11) Remit Total									
				\$					

(12) PAGE NO. _____ OF _____

NUMBER OF PROPERTIES _____

PAGE TOTAL \$ _____

TENNESSEE UNCLAIMED PROPERTY REPORTING INSTRUCTIONS

(NOT FOR TANGIBLE OR SAFE DEPOSIT BOX CONTENTS. SEE SEPARATE FORM.)

COVER LETTER – VERIFICATION & AFFIDAVIT INSTRUCTIONS

Use the preprinted form that was mailed to you at the beginning of the year. If you do not receive one or lost it fill out the form in this book.

- A. HOLDER'S NAME AND ADDRESS:** If you are using the preprinted form sent to you make any corrections, otherwise complete all items. It is important that we have a good contact your Unclaimed Property Report.
- B. TYPE OF COMPANY:** Select the category which best describes your company: State Agency, Bank, Audit Entity, Estate, Finance & Mortgages, Hospitals & Health Care, Insurance Company – Life, Insurance Company – Casualty, Natural Resources, Corporation, Municipality & County, Retailer, Transportation, College & University, Utility, Services, Stock Broker & Mutual Fund, Transfer Agent & Securities, Manufacturing, Hospitality & Hotel, Payroll or Benefit Services, CPA & Other Professionals, Associations & Industry Groups, Media, Restaurant & Food Services.
- C. TYPE OF REPORT:**
 - Annual – This is your required report due May 1st.
 - Negative – Positive confirmation that you have nothing to report.
- D. METHOD OF REPORTING:** Select the media you are using to report. You must contact our office and make prior arrangements to E-Mail your report.
- E. TOTAL PROPERTIES REPORTED:** Insert the total number of properties listed on your report. This includes cash and securities.
- F. CASH PROPERTY:** Break down of total cash property and any penalties that may be due. See Penalty Calculation Sheet.
- G. TOTAL CASH REMITTED:** Total amount of the check or wire. Make check payable to Treasurer State of Tennessee. Include your Federal Employer ID number.
- H. PAYMENT METHOD:** Select payment method. For ACH or Wire contact our office at 615-253-5362 for prior approval and instructions.
- I. SECURITY REGISTRATION AND DELIVERY INSTRUCTIONS:** See Security Delivery Instructions.
- J. TOTAL SHARES SENT DTC:** List total amount of shares transferred DTC.
- K. TOTAL SHARES SENT PHYSICAL:** List total amount of physical shares sent with report.
- L. TOTAL MUTUAL FUND SHARES:** List total amount of mutual fund shares transferred to our account.
- M. TOTAL OF ALL SECURITIES:** List total amount of all securities delivered.
- N. CONFIRMATION OF SECURITIES DELIVERED:** Send with report confirmation of any securities transferred.
- O. TANGIBLE AND SAFE DEPOSIT BOX CONTENTS:** Indicate if you have tangible or safe deposit box contents to report on a separate form.
- P. VERIFICATION AND AFFIDAVIT:** Form must be signed and notarized by CFO or other comparable position.